



# **Looking at Ourselves Linking with Our Communities Building a Unified Vision for Public Health in Nevada**

## **Establishing Common Ground**



Nevada State Health Division  
Department of Human Resources

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*Looking at Ourselves*  
*Linking with Our Communities*  
*Building a Unified Vision for Public Health in Nevada*



*Statewide Community Action Conference*  
*Held on October 16-18, 2001*  
*in Las Vegas, Nevada*



## Building a Unified Vision for Public Health in Nevada

Imagine your life nine years from now, in 2010. Visualize Nevada and its communities in 2010. What is life like? What are people doing? What impact has public health had on the activities and lives of Nevada's residents and visitors in 2010? What relationships exist among public health stakeholders?

Participants in the future search© (strategic planning) conference, "Looking at Ourselves, Linking with Our Communities: Building a Unified Vision for Public Health in Nevada," were asked these questions. Their responses were used to generate lists of common issues and themes, which were then merged into a single, agreed upon list of Common Ground issues. Many of the Common Ground issues focused on the strengthening, enhancement, or development of the public health infrastructure within the state and may be utilized in the future to improve the public health system in Nevada.

The following topics were identified as Common Ground:

Data Collection	Technology Utilization
Prevention	Collaboration
Legislative Action	Funding
Environmental Health	Community Based Services
Culturally Competent Care	Education
Leadership in Public Health	Access and Equity

Although each priority, by its own merit, is important to the future of public health in Nevada, three issues were thought to be global in nature – prevention, funding, and education. Each of these issues can be tied to the other priorities identified.

Once Common Ground themes were identified and confirmed by conference participants, participants self-selected into work groups for action planning on specific common ground issues. (Work Group Members are listed in Appendix 1.)

Lists of Potential Projects also resulted from this activity. Potential Projects differ from Common Ground in that they are more focused or targeted toward a specific, concrete issue. A work group was formed to address mental health as a public health priority. Although additional projects were identified, workgroups were not formed to begin action planning during the conference. A complete list of projects can be found in Appendix 2.

The mission of public health is to prevent disease, injury, disability, and premature death. This includes protecting people's health from threats in the environment and promoting health through risk reduction and education. The mission of public health is carried out through three core functions - assessment, policy development, and assurance.

Health assessment consists of collecting, analyzing, and reporting information on health status, health risks, and health resources in a community. It includes examining health trends and outcomes, monitoring access to and quality of community health services, performing community health assessments, conducting epidemiological investigations, evaluating findings on environmental health and behavioral risk, and disseminating this information in a timely manner and usable form to the community.

Policy development is an ongoing process of working with community partners to prioritize health needs, set goals, formulate action to achieve goals, and evaluate results. This includes establishing collaborative relationships, sharing information with policy makers, securing resources, integrating the role of public health agencies with other health providers, and measuring the impact of policy on the community.

Assurance includes promoting physical, mental, and environmental health, and the prevention of disease and injury. Epidemiology is used to diagnose and monitor problems which may impact personal health and environmental safety. Assurance also includes enforcing laws and regulations which have been designed to assure health and safety. Lastly, public health provides assurance that people have access to personal health services and work toward ensuring the availability of a competent public health workforce.

Assessment, policy development, and assurance: These are the cornerstones of the core function approach the public health system has adopted as the best way of fulfilling its responsibilities to promote and protect health. They are as applicable to specific programs designed to focus on just one health issue as they are to the statewide public health system.

Many of the recommendations developed during the future search conference focus on the strengthening and enhancement of the public health infrastructure. These recommendations can be utilized to improve the infrastructure as well as to address specific public health issues. Priorities identified during the conference include chronic disease prevention and management, injury prevention, disaster response preparedness, infectious disease surveillance, environmental safety, substance abuse, and mental health.

This report summarizes the recommendations developed during this first round of planning. It is anticipated that these plans will evolve during the next several years, as work groups further define their intent, make progress toward implementation, and expand their membership.

Improving public health in Nevada will not happen by accident or as a result of a single program. Many different factors affect public health, and many people are involved in the delivery of services that protect public health. Implementing a unified vision for public health will be achieved only through coordinated efforts on many fronts.



## Assessing the Health of Nevadans

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Public health assessment includes the regular collection, analysis, and sharing of information about health conditions, risks, and resources in individual communities and across the state. Assessment activities monitor, analyze, and evaluate community health status, risk indicators and, when necessary, health emergencies. They identify trends in illness, injury, and death and the factors which may cause these events. They also identify environmental health risk factors, community concerns, community health resources, and the use of health services. Assessment includes gathering statistical data as well as conducting epidemiologic and other investigations.

The public health systems are both a conduit and a warehouse of information about public health: the frequency of disease, environmental risks, data generated by community assessments and statewide assessments, and the availability of clinicians and other service providers.

Until recently, many of Nevada's health related data functions have been performed without the benefit of common databases or the most up-to-date and secure technologies. This resulted in multiple data systems, which were either collecting similar data in different ways or collecting data elements which need to be combined with other data to develop a comprehensive picture of a specific issue. State and local collaboration are needed in order to realize the benefits of a comprehensive information system. Developing duplicative, separate systems would be wasteful and far too costly.

As with many businesses and government entities, public health agencies are increasingly affected by the move to electronic sharing and storing of data. Public health staff and stakeholders need timely data to do their jobs effectively. The continuing investment in electronic data can bring impressive advances in terms of efficiency, data security, and quick access to information; however, many users may not have the equipment or training required to access data systems, for either data input or analysis.

In addition to continuing efforts to assess the health of Nevadans, data collection and technology emerged as priorities for the future of public health in Nevada. As advancement is made in these areas, public health workers will be better equipped to identify and respond to the public health needs of the state.

# Work Group Recommendations

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## Assess Data Collection Systems

**Recommendation:** Determine data needs and establish a comprehensive information system to provide useful data to public health stakeholders.

**Action Planning:**

1. Establish a data users network
2. Poll stakeholders for individual data needs and available data sources
3. Evaluate existing data sources to determine gaps and data integrity
4. Develop a process to meet the identified data need

## Develop an Integrated Data System

**Recommendation:** Develop a statewide, integrated network of information technology.

**Action Planning:**

1. Assess: technology, users, and key players
2. Develop community-based, collaborative network and demonstrate the needs and uses for an integrated data system
3. Develop a funding base to support the development of an integrated data system



## Influencing Policy Development

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Public health policy is developed through complex processes involving individuals and organizations - including state and local boards of health, elected officials, community groups, public health professionals, health care providers, and private citizens. When public and private organizations do not understand the depth of services provided by public health agencies, valuable partnership opportunities are missed.

All residents and visitors of a community benefit from public health services, regardless of whether they ever walk through the door of a public health agency. However, when the public isn't aware of this, people are less likely to work with public health agencies and programs to address local health problems, such as clean water, safe food, immunizations, response to disease outbreaks, and explanations of why people are experiencing illness and what can be done to prevent it. People value these services. But they may not know that public health is responsible for them. This lack of awareness impedes the public health system's ability to protect and improve health.

In order to maximize collaborate opportunities, it is necessary for public health stakeholders to work together to increase the public's understanding of public health services. Launching a comprehensive marketing campaign will not only increase knowledge regarding the role of public health, it may help individual community members better understand the health of their communities and the role they can play - as individuals and families - in identifying and solving collective health problems.

Funding to support the provision of public health services continues to be a challenge at the state and local levels. It is imperative that existing funding be maximized in order to meet the changing needs of communities within the state. Additionally, funding flexibility needs to be explored at multiple levels to determine if funding allocations could or should be modified, allowing the public's needs to be better served while continuing to ensure the public's health and safety. Lastly, accountability for funding needs to be maintained and funding must continue to be linked to system performance.



# Work Group Recommendations

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## **Utilize a Comprehensive Communication Plan to Promote Public Health**

**Recommendation:** Utilize a comprehensive communication plan in order to develop a better informed public – including workforce, health professionals, media, policy makers, and community based organizations.

### **Action Planning:**

1. Encourage and enhance partnerships and collaborations: invite participants, hold regular meetings, share resources, and conduct training
2. Develop and implement a marketing and public relations plan which incorporates needs assessment, focus groups, target audiences, marketing plan, business plan, craft messages, and create media campaign
3. Expand use of technology-equipment, interactive technology

## **Educate Policy Makers on Public Health Priorities**

**Recommendation:** Work more effectively in the public policy process in order to generate support for public health priorities.

### **Action Planning:**

1. Develop a statewide coalition for consensus building
2. Educate policy makers on public health issues
3. Funding: aggressively identify available funding, apply for funding based on (data driven) needs, utilize state dollars as matching funds

## **Promote and Expand Public Private Partnerships**

**Recommendation:** Improve the lives and health of all Nevadans through collaboration, utilizing public private partnerships to identify and address public health priorities.

### **Action Planning:**

1. Develop public and private policies which generate community awareness and motivation
2. Inventory baseline collaboration
3. Identify barriers to getting to know the community

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### **Maximize Funding for Public Health Programs and Activities**

**Recommendation:** Identify, increase and diversify funding sources in order to support public health priorities.

**Action Planning:**

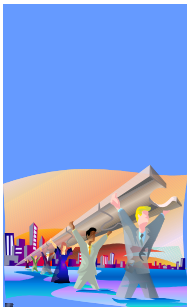
1. Identify all funding sources; create a grants management unit and/or collaborate and network with other units to generate this information
2. Improve efficiency within current funding streams: identify and ameliorate inefficiencies, eliminate duplication, streamline processes without cutting services
3. Communicate the need and impact—market and advertise services being provided and their impact

### **Develop and Expand Community-based Services**

**Recommendation:** Develop and support a system of community-based public health services driven by local stakeholders.

**Action Planning:**

1. Define “community,” then hold community focus groups and public workshops
2. Develop a community-level advisory board to educate stakeholders
3. Complete a community assessment, identifying community needs and existing service providers
4. Develop a plan to address gaps in service which includes potential funding sources to support needed activities
5. Develop formal linkages for service delivery



## Assuring the Public's Health

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Public health agencies are responsible for monitoring and maintaining the quality of public health services, and they participate in maintaining the quality of medical services through the licensure and certification of facilities and the enforcement of standards and regulations. Some public health entities have divided Assurance into several categories of services. For example, the Washington State Department of Health has established three categories: administration, prevention, and access and quality.

Administration includes the responsibility to adopt supportive operational procedures, direct financial and personnel management systems, coordinate communication and information systems, and assure accountability for the use of resources.

Prevention involves protecting the individuals, families, and the community from threats such as epidemics and environmental contaminants and promoting healthy living conditions and lifestyles. It includes the responsibility to organize the provider community around preventive services, reduce exposure to environmental hazards, influence individual behaviors and community norms, and to coordinate the delivery of health services of public health significance to the community.

Access and quality include responsibility for monitoring the quality of personal health and environmental services, providing education, enforcing standards and regulations, licensing health care facilities, and achieving and maintaining access to health services in communities.

Although administration was not identified as a Common Ground issue during the statewide future search as an assurance function, it was a primary focal point during the Health Division's internal future search conducted earlier this year. Health Division staff are reviewing administrative functions and financial decisions to assure appropriate administration of programming and funding.



## Assuring the Public's Health through Prevention

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The heart of public health is prevention of disease, injury, disability, and premature death. Prevention includes:

- Primary prevention, which includes susceptibility or exposure to health threats
- Secondary prevention, which most often detects and treats disease in early stages
- Tertiary prevention, which alleviates some of the effects of disease and injury through such means as habilitation and rehabilitation.

In addition to individual, one-on-one services provided in clinical settings, prevention services are also provided to groups of people in a community setting. The primary focus of public health prevention is to protect communities from threats such as communicable diseases, epidemics, and environmental contaminants.

Two main components of primary prevention are health promotion and health protection. Health promotion includes health education and the fostering of healthy living conditions and lifestyles; health protection activities may be directed toward individuals, families, groups, or entire communities.

Health promotion involves communicating both surveillance and epidemiologic data to public health officials, health (care) providers, industries, and community members. It includes working with communities continuously to communicate relevant information, assisting their mobilization efforts, and providing technical assistance and consultation as needed and as appropriate.

Health protection refers to population-based services and programs which control and reduce exposure to environmental or personal hazards, conditions, or factors that may cause disease, disability, injury, or even death. Health protection includes immunization, communicable disease surveillance and outbreak investigations; water purification; sewage treatment; control of toxic waste; inspection of restaurant food service; inspection and certification of health and medical facilities; and numerous other activities that protect people against injuries and occupational or environmental hazards. Health protection activities occur throughout the community - in homes, schools, recreation facilities, and work sites.

# Work Group Recommendations

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## **Health Promotion through Prevention**

**Recommendation:** Continue and expand efforts to promote the public's health through disease, injury, and disability prevention.

**Action Planning:**

1. Strategic planning process—form a coalition, form a plan, develop an inventory of existing resources
2. Increase resources and value of prevention
3. Access to preventive services, birth to adult

## **Improve Environmental Health (Geographical Information System)**

**Recommendation:** Reduce nitrate levels in ground water below the maximum contaminant level.

**Action Planning:**

1. Identify potential sources of high nitrates after developing a Geographical Information System (GIS) mapping of nitrate sources
2. In areas of Nevada with exceeding Maximum Contaminant Level (MCL), abandon intermittent septic systems in favor of public sewer or permitted septic system with nitrogen reduction
3. Verify nitrate levels are below MCL of 10 parts per million

## Assuring Access to Public Health Services

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Public health's focus on access to health services stems from its mission to prevent illness and promote health. When people do not have access to the health care services they need, their health suffers; when many people in a community have this problem, the health of the entire community suffers.

Public health's role in assuring access to health care services extends beyond the provision of medical care to the poor. Public health agencies also monitor access to health services and work with the entire system to identify deficiencies and gaps and develop solutions. As Nevada's population continues to grow, both in terms of numbers and diversity, so does the demand for access to culturally appropriate services.

Access to health services involves many factors including geographic location of services, affordability, and the timely use of available services to achieve the best possible health outcome. An example of access is the early use of prenatal services in a rural community to prevent premature birth and low birth weight.

Assurance involves not only access to health services but also access to quality health services. Quality health care is understood to be care that meets safety standards beyond the base premise of "do no harm," but also includes achieving the highest practicable level of functioning and outcome for each individual receiving services. Additionally, quality health services are delivered within a health care system providing individuals with dignity, respect, and maximum autonomy possible.

# Work Group Recommendations

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## **Provide Health Education and Referral Information**

**Recommendation:** Increase awareness and knowledge about health education and promote positive behavior changes to the general public.

### **Action Planning:**

1. Conduct a needs assessment to identify population at risk and issues/problems; current resources and collaborative efforts; identify gaps/need
2. Develop a marketing campaign to educate public on available resources and how to access them
3. Develop new education programs to fill identified needs/gaps
4. Develop an evaluation system to measure the outcome and impact of marketing campaigns and educational programs

## **Assure Accessibility to Health Services**

**Recommendation:** Improve access to health (care) services by identifying and removing barriers.

### **Action Planning:**

1. Identify barriers to access, including financial, categorical, knowledge, communication, and cultural barriers
2. Identify statutory and regulatory barriers
3. Conduct a consumer needs assessment to identify needed health care services and obstacles to accessing services
4. Create an advocate (consumer advocate) to address access issues
5. Identify under-utilized services

## **Create a Culturally Competent Service Delivery System** (sensitive, aware, and competent )

**Recommendation:** Develop a mechanism for recognizing and addressing the public health needs of Nevada's diverse population.

### **Action Planning:**

1. Recognize culture as a public health concern
2. Create an Office of Minority Health within the Nevada Public Health Foundation
3. Formalize the Office, specifically obtain funding to support staff and activities and develop a governing body



## Assuring a Competent Public Health and Personal Health Workforce

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People from a variety of disciplines work for public health agencies, bringing unique skills and backgrounds to the field. But they often require additional training specific to public health. For example the core functions of public health, community systems, focusing activities on the community rather than individual clients, and targeting prevention rather than treatment.

To assure a well-prepared workforce, public health workers must have access to formal and informal training that includes the use of mentors, management training, access to technological resources for online information, videoconferencing, and time to participate in learning activities. Providing these opportunities will enhance workers' skills, knowledge, and aptitudes.

As a result of the future search conference, two work groups formed to focus on the future of the public health workforce. One group will focus on attracting and training new staff; the second group will focus on retaining existing staff.



# Work Group Recommendations

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## **Increase the Public Health Workforce in Nevada**

**Recommendation:** To develop and retain a sufficient and qualified workforce to meet the need for public health services and health care services in Nevada.

**Action Planning:**

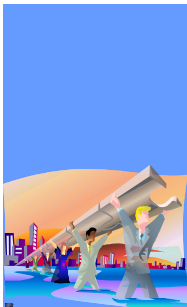
1. Market the health care profession, beginning with the utilization of professionals to promote their professions
2. Identify disciplines that make up the workforce
3. Identify established benchmarks, create new benchmarks as needed

## **Strengthen the Health Related Workforce**

**Recommendation:** Create opportunities along the educational continuum for health professionals to facilitate employee retention and recruitment.

**Action Planning:**

1. Increase programs available for secondary education; increase academic skills needed to prepare for entrance into health professions
2. Increase entrance, retention, matriculation, and successful licensure/certification
3. Increase access to educational opportunities for practicing health professionals to increase and maintain skill levels and remain current in practice standards
4. Create incentives and educational opportunities to attract non-practicing health professionals back into the industry



## Building a Unified Vision for Public Health in Nevada

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In January 2001, the State Health Division developed a Future Search Leadership Team. During the past year the team has been working to coordinate and conduct both the Health Division's internal future search and the statewide future search conference. Now, the team's focus will transition to tracking the implementation of the recommendations developed during both events and evaluating the impact of the action steps on the public health system in Nevada - Looking at Ourselves, Linking with Our Communities. The Future Search Leadership Team has also been tasked with disseminating this information to Health Division staff, future search conference participants, and other public health stakeholders.

Members of the leadership team have been designated to coordinate with each work group formed during the future search conferences. They will serve as a liaison between work groups and the Health Division. In that capacity, they will be responsible for collecting information from the project leader identified for each work group and tracking progress on the incorporation of these recommendations into the public health agenda.

As the year progresses, work groups will be asked to revisit their goal statements and action steps to determine if changes are needed and to include activities for subsequent years.

The results of the work groups will be compiled into periodic updates available on the Health Division's web page, [www.health2k.state.nv.us](http://www.health2k.state.nv.us). Additionally, an annual report will be published, documenting progress made toward the implementation of the Unified Vision for Public Health in Nevada and anticipated Next Steps for the upcoming year.

## Work Group Members

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### Data Collection

Project Lead: Wei Yang, State Health Division

Members:

- Alice Castello, Clark County Health District
- Emil De Jan, State Health Division
- Linda Dunn, Washoe County District Health Department
- Ronnie Grower, Sierra Health Services
- Mary Ellen Harrell, Clark County Health District
- Vincent Pirozzi, Carson City Fire Department

### Technology

Project Lead: (to be determined at a future date)

Members:

- Teryl Eisnger, UNSOM Outreach Center
- Joan Hall, South Lyon Medical Center
- David Ord, UNLV, School of Dentistry
- Byron Quinton, Humboldt General Hospital

### Comprehensive Communication

Project Lead: (to be determined at a future date)

Members:

- Andy Asgarian, State Health Division
- Tina Emrich, State Health Division
- Charlene Hurst, Nevada Public Health Foundation
- Kathy Loomis, Health Smart
- Larry Mastropierro, Northern Nevada HIV, STD, AIDS Planning Council
- Nancy McLane, Clark County Social Services
- Tamara Terstege, State Health Division
- Drucilla Washington, FYS/Clark County Health District

### Educating Policy Makers

Project Lead: Robin Keith, Nevada Rural Hospital Project

Members:

- Bob Atkinson, Legislative Council Bureau
- Pam Mackay, Division of Insurance
- Jeanne Palmer, Clark County Health District
- Bonnie Parnell, Assemblywoman
- Jacqueline Taylor, University Medical Center

**Collaboration**

Project Lead: (to be determined at a future date)

Members:

- Maureen Budahl, County Health Officer
- Lei Chen, State Health Division
- Denise Everett, UNR/CASAT
- James Northrop, Southern Nevada Adult Mental Health Institute
- Linda Nowell, No To Abuse
- Kevin Quint, Join Together Northern Nevada
- Janice Wright, State Treasurer's Office

**Funding Public Health Programs**

Project Lead: Phil Weyrick, State Health Division

Members:

- Keith Allred, Nevada Department of Education
- Vanessa Alpers, State Health Division
- Richard Daly, Laborers Union Local #169
- Teryl Eisinger, UNSOM Outreach Center
- Nancy Ford, State Welfare Division
- Bill Freitas, Operating Engineers Local Union #3
- Michael Gammell, State Health Division
- Kay Picton, State Health Division
- Jeff Vollman, State Health Division
- Kevyn Wood, Northern Nevada HOPES

**Community-based Services**

Project Lead: Karen Cummings, State Health Division  
Richard Whitley, State Health Division

Members:

- Mary Ann Casale, State Health Division
- Pauline Fitzpatrick, Northern Nevada HOPES
- John Haldeman, Laughlin Family Resource Center
- Michelle Kling, Washoe County District Health Department
- Bob Paisano, Las Vegas Indian Center
- Julia Payne, Nevada Treatment Center
- Natalie Silva, State AIDS Task Force
- Marie Radei, Virgin Valley Family Services
- Judy Wright, State Health Division

**Prevention**

Project Lead: (to be determined at a future date)

Members:

- Keith Allred, Department of Education
- Maury Astley, Nevada Dental Association
- Margaret Boston, Elko County Public Health

- Maria Canfield, State Health Division
- Tim Calhoon, Healthcare Informatics
- Lyell Collins, State Health Division
- Mark Disselkoen, State Health Division
- Rosemary Flores, BEST Coalition
- Steve May, Northern Nevada HOPES
- Deborah McBride, State Health Division
- Dorothy North, Vitality Center
- Vilius Paskevicius, EOB Treatment Center
- Robert Washburn, State AIDS Task Force

### **Environmental Health**

Project Lead: Edmund Wojcik, Clark County Health District

Members:

- Linda Anderson, Office of the Attorney General
- Linda Blish, Southern Nevada Water Authority
- Bob Foerster, Nevada Rural Water
- Debbie Hosselkus, Division of Mental Health and Developmental Services
- Katherine Jacobi, Nevada Hospitality Foundation
- Beverly Manner, Division of Aging Services
- Stan Marshall, State Health Division
- Brenda Pohlmann, Division of Environmental Protection
- Alan Tinney, State Health Division

### **Public Education on Public Health Issues**

Project Lead: Debbie Warner, UNLV

Members:

- Sheila Black, WestCare Nevada
- Morgan Bryant, Governor's Youth Advisory Council
- Brenna Carson, State Health Division
- Molly Hayes, Nellis Child Development Center
- Rosetta Johnson, Human Potential
- Dana LaRance, City of Henderson
- Crystal Swank, University of Nevada, Cooperative Extension
- Jennifer Thomas, State Health Division

### **Universal Accessibility to Health Services**

Project Lead: (to be determined at a future date)

Members:

- Louise Davidaitis, Clark County Social Services
- Deborah Girard, Circle of Life Hospice
- Michael Girard
- Palisa Pendleton
- Susan Silverton, University of Nevada Las Vegas

### **Creating a Culturally Competent Service Delivery System**

Project Lead: Linda Lewis, Independent Consultant  
Lynn Carrigan, Nevada Public Health Foundation

Members:

- Michelle Chino, Nevada Institute for Children
- Candy Krausman, Sunrise Children's Hospital Foundation

### **Public Health Workforce**

Project Lead: Carin Ralls, Operating Engineers Local Union #3

Members:

- Diane Allen, State Health Division
- Jim Brusstar, The Woodmark at Summit Ridge
- Elizabeth Campos, State Health Division
- Karen Carifo, BON Clinical Laboratories
- Lynn Carrigan, Nevada Public Health Foundation
- Denise Engle, State Health Division
- Greg Hayes, University of Nevada, Reno
- Lisa Jones, State Health Division
- Jean Lucht, County Health Officer
- David Ord, UNLV School of Dentistry
- Carol Peace, Boulder City Hospital
- Tom Purkey, State Health Division
- Leslie Tashiro, State Health Division
- Andrea Wilson, State Health Division

### **Education Targeting the Health Related Workforce**

Project Lead: (to be determined at a future date)

Members:

- Jeanne Anspach, State Health Division
- Pricilla Bender, Sanford Center for Aging, UNR
- Fran Brown, Commission on Mental Health and Developmental Services
- Lori Ciccone, Southern Nevada AHEC
- Denna Devenberg, Southern Nevada AHEC
- Anne Keast, Department of Education
- Natalie Mazzullo, Southern Nevada AHEC
- Larry Pierce, Miles for Smiles
- Rose Yuhos, Southern Nevada AHEC

## Project List

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### Promote Mental Health as a Public Health Concern

**Recommendation:** Promote the need for mental health services and develop services to meet the needs of the public

**Action Planning:**

1. Educate the public about mental health, specifically the fact that it is a major public health issue
2. Seek legislation to address “assisted treatment” beginning with the development of a statewide suicide prevention plan
3. Develop a comprehensive recovery plan containing multi-level treatment options

**Mental Health Committee**

Project Lead: Rosetta Johnson

Members:

- Pam Graham, State Health Division
- Molly Hayes, Nellis Child Development Center
- Steve May, Northern Nevada HOPES
- James Northrop, Southern Nevada Adult Mental Health Institute
- Kevyn Wood, Northern Nevada HOPES

## Other Potential Projects

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Public Health Leadership

Educational scholarships to encourage employee development: “earn while you learn”

School-based health clinics

One-stop community health clinics

Statewide fluoridation project

Public Health Coalition(s): formed categorically, locally, regionally, or statewide

Public health nutrition

Youth Advisory Council to establish teen groups to teach parents about the importance of sex education and teen pregnancy prevention

Coordinated case management: utilize an interagency coalition to establish protocols

Affordable health insurance coverage for all Nevadans; universal coverage

Mandated (vehicle) smog checks statewide

Make services portable and take them *to* communities

Attach financial incentives to public health goals at community levels

Attach financial incentives to promote wellness

Smart Card

Social program marketing

Social marketing campaigns

Incorporate social marketing strategies into health education

Comprehensive education: prenatal through death

Child care health consultation

Fund positions to facilitate conflict resolution and support collaboration





## What is Public Health?

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The Nation's public health system is a complex network of people, systems, and organizations working at the local, state, and national levels. The public health system is distinct from other parts of the health care system in two key respects; first, its primary emphasis on preventing disease and disability. Secondly, its focus is on the health of the entire population, rather than individuals.

The mission of public health is to “fulfill society’s interest in assuring conditions in which people can be healthy.” (Institute of Medicine, Committee for the Study and the Future of Public Health, Division of Health Care Services. 1988. *The Future of Public Health*. National Academy Press, Washington DC)

In fulfilling its mission, public health:

- Prevents epidemics and the spread of disease,
- Protects against environmental hazards,
- Prevents injuries,
- Promotes and encourages healthy behaviors,
- Responds to disasters and assists communities in recovery, and
- Assures the quality and accessibility of health services.

Public health carries out this mission through organized, interdisciplinary efforts that address the physical, mental, and environmental health concerns of communities and populations at risk for disease and injury. Its mission is achieved through the application of health promotion and disease prevention technologies and interventions designed to improve and enhance quality of life. Health promotion and disease prevention technologies encompass a broad array of functions and expertise, including the three core functions of public health, which are:

1. Assessing and monitoring the health of communities and populations at risk to identify health problems and priorities;
2. Formulating public policies, in collaboration with community and government leaders; and
3. Assuring that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services, and evaluation of the effectiveness of that care.

# The Core Functions of Public Health

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## **Assessment**

- Collecting, analyzing, disseminating, and monitoring health status information to identify physical, mental, and environmental health problems;
- Identifying barriers and needs, such as gaps in services, to be addressed to achieve public health's mission; and
- Evaluating effectiveness, accessibility, and quality of personal and population based health services.

## **Policy Development**

- Defining priorities for a public health response to identified problems, barriers, and needs;
- Researching effective methods for promoting, preventing, and improving physical, mental, and environmental health and well being;
- Developing policies and plans to assure physical, mental, and environmental health and well-being designed to meet needs which are based on research, or data driven; and
- Advocating on behalf of the public's health.

## **Assurance**

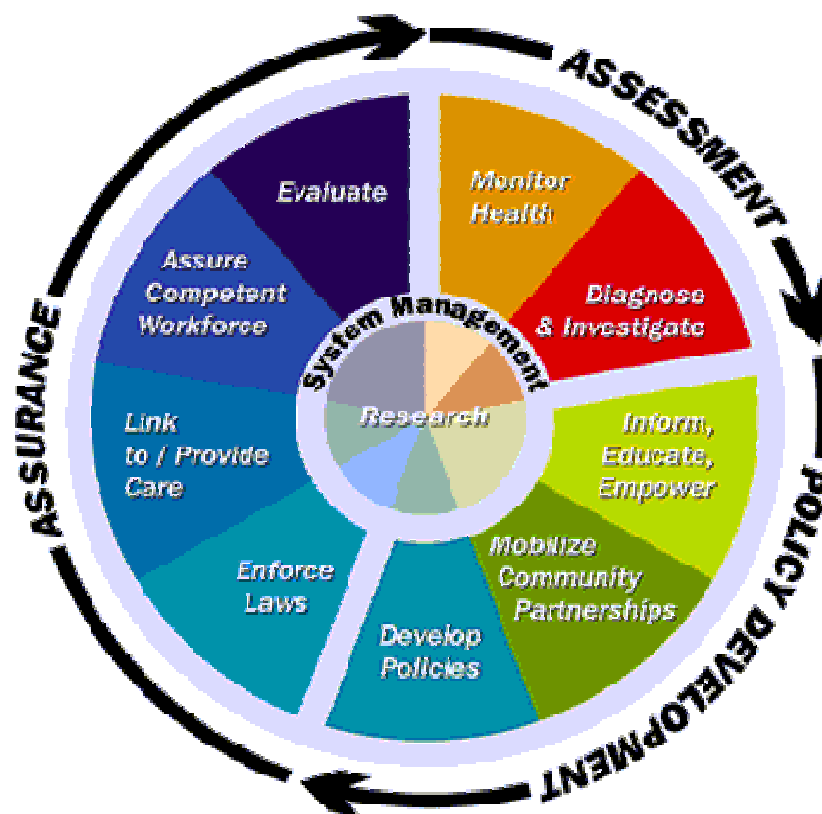
- Promoting physical, mental, and environmental health and safety;
- Preventing disease, injury, and disability;
- Diagnosing and investigating physical, mental, and environmental health problems and hazards using the science of epidemiology;
- Educating the public to be more informed decision-makers and lead more safe and healthy lives;
- Enforcing laws and regulations that protect physical, mental, and environmental health and ensure safety;
- Providing assurance that people have access to personal health care services; and
- Ensuring the availability of a competent public health and personal health care workforce.

# The Ten Essential Public Health Services

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## Essential Public Health Services

- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community
- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure a competent public health and personal health care workforce
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- Research for new insights and innovative solutions to health problems



*Adopted: Fall 1994, Source: Public Health Functions Steering Committee, Members (July 1995): American Public Health Association, Association of Schools of Public Health, Association of State and Territorial Health Officials, Environmental Council of the States, National Association of County and City Health Officials, National Association of State Alcohol and Drug Abuse Directors, National Association of State Mental Health Program Directors, Public Health Foundation, U.S. Public Health Service --Agency for Health Care Policy and Research, Centers for Disease Control and Prevention, Food and Drug Administration, Health Resources and Services Administration, Indian Health Service, National Institutes of Health, Office of the Assistant Secretary for Health, Substance Abuse and Mental Health Services Administration*



## State Health Division Future Search Leadership Team

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- ◆ Doug Banghart, Bureau of Community Health
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- ◆ Peg Hellman, Bureau of Family Health Services
- ◆ Brady Janes, Bureau of Family Health Services
- ◆ Cliff Lawson, Bureau of Health Protection Services
- ◆ Dan Olsen, Administration
- ◆ Luana Ritch, Bureau of Licensure and Certification
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